

OFFICE OF STATEWIDE HEALTH PLANNING AND DEVELOPMENT**FACILITIES DEVELOPMENT DIVISION**

1600 9th Street, Room 420 ~ Sacramento, California 95814
 1831 9th Street ~ Sacramento, California 95814
 311 South Spring Street, Suite 1001, Los Angeles, CA 90013

Phone (916) 654-3362 FAX (916) 654-2973
 Phone (916) 324-9090 FAX (916) 324-9145 (North and Central Region)
 Phone (213) 897-0166 FAX (213) 897-0168

www.oshpd.state.ca.us/fdd

**Building Permit**

A	Name of Facility:				OSHPD # INCREMENT # <small>(For Designated Increment Projects Only)</small> FACILITY I.D. # Type of Project: <input type="checkbox"/> New Facility <input type="checkbox"/> Remodel <input type="checkbox"/> Addition Type of Facility <input type="checkbox"/> Gen. Acute <input type="checkbox"/> SNF / ICF <input type="checkbox"/> Psychiatric Hospital <input type="checkbox"/> Correctional Treatment Center <input type="checkbox"/> Clinic			
	Address - Street:							
	City:		County:				Zip:	
	Scope of Project (45 characters max.)			Applicant's Job #				
B	Administrator:			Phone:				
				Fax #:				
	Legal Owner:							
	Address :			City: State: Zip:				
C	Plans and Specifications prepared by the following: Check which discipline is in general responsible charge of the project. <input checked="" type="checkbox"/>							
	Architect – Firm:			Lic. #: <input type="checkbox"/>				
	Address:			City: State: Zip:				
	Phone:			FAX #:				
	Structural Engineer – Firm:			Lic. #: <input type="checkbox"/>				
	Address:			City: State: Zip:				
	Phone:			FAX #:				
	Contractor – Firm:			State Lic. #: License Class: Exp. Date:				
	Address:			City: State: Zip:				
	Phone:			FAX #:				
D	LICENSED CONTRACTOR'S DECLARATION: I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business and Professions Code, and my license is in full force and effect.							
	Contractor's Name:			Signature:		Date:		
E	WORKERS COMPENSATION DECLARATION: (Section 3800, Labor Code)							
	Policy # _____ Copy shall be attached. Date of expiration: _____ Company: _____							
F	OWNER-BUILDER DECLARATION: I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Sec. 7031.5 Business and Professions Code. Any City or county which requires a permit to construct, alter, improve, demolish or repair any structure, prior to its issuance, also requires that the applicant for such permit to file a signed statement that he/she is licensed pursuant to the provisions of the Contractor's License Law (Chapter 9 Commencing with Section 7000) of Division 3 of the Business and Professions Code) or that he/she is exempt therefrom and the basis for exemption. Any violation of Section 7031.5 by any applicant for a permit subjects the applicant to a civil penalty of not more than five hundred dollars (\$500).							
	<input type="checkbox"/> I, as owner of the property, or my employees with wages as their sole compensation, will do the work, and the structure is not intended or offered for sale (Section 7044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and who does such work himself or through his own employees, provided that such improvements are not intended or offered for sale. If, however, the building or improvement is sold within one year of completion, the owner-builder will have the burden of proving that he did not build or improve for the purpose of sale.).							
	<input type="checkbox"/> I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Sec. 7044, Business and Professions Code: The Contractor's License Law does not apply to an owner of property who builds or improves thereon, and contracts for such projects with a contractor(s) licensed pursuant to the Contractor's License Law.).							
	<input type="checkbox"/> I am exempt under Section _____, Building and Professions Code for this reason: _____ Date: _____							
	Signature (Legal Signature and Title): _____ Title: _____							
G	SPECIAL CONDITIONS:							
H	PERMIT EXPIRES IF AUTHORIZED WORK IS NOT COMMENCED WITHIN ONE YEAR PERIOD, OR SUSPENDED FOR ONE YEAR							
	Address:			City: State: Zip:		Contract Amount: \$		
	I certify that I have read this application and state that the above information is correct and that I am the owner or the duly authorized agent for the owner. I agree to comply with all applicable laws relating to building construction. I hereby authorize representatives of the State of California to enter the above-mentioned facility for inspection purposes. If, after making the Certificate of Exemption from the Worker's Compensation provisions of the Labor Code I should become subject to such provisions, I will forthwith comply. In the event I do not comply with the Worker's Compensation Law, this permit shall be revoked. Signature: _____ Date: _____ <input type="checkbox"/> Owner <input type="checkbox"/> Agent for Owner Title: _____					For Office Use Only Permit issued this _____ day of _____ By: _____ Regional Compliance Officer Office of Statewide Health Planning and Development		

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INSTRUCTIONS FOR BUILDING PERMIT APPLICATION (OSH-FD-302)

Do not write in areas designated for "Office Use Only."

- A Enter name as it appears on the facility license. Enter street address, city, county, and zip code (five or nine digit code as applicable). Enter the OSHPD # if known, the Increment # (for designated incremental projects only), and the Facility # if known. Check the box indicating the type of project.
- B Enter name, phone number, and fax number of the facility administrator. Also enter the name and address of the legal owner. Check the box for the type of facility as it is licensed.
- C Provide information as on the Application for Plan Review. Check the box for the discipline which is in general responsible charge; OSHPD will send all project correspondence to this discipline. Sections A, B and C of the Building Permit Form correspond to Sections A, D and I of the Application for Plan Review.
- D Provide signature and date as an affirmation that you are a licensed contractor and that your license is in full force and effect.
- E If you have certificate of consent to self-insure or workers compensation insurance, provide policy number, date of expiration and company in the spaces provided. You must either attach a copy of your certificate of consent to self-insure or certificate of workers compensation insurance. A certificate of insurance is required for each building permit application.
- F Section F applies only to owner/builder projects. If the owner of the facility or the employees are to perform the work, check the appropriate box in Section F and sign and date this section.
- G The special condition section of the building permit will be filled out by the OSHPD Regional Compliance Officer.
- H Provide the address, signature, date, and title of the owner or agent. Check the correct box to indicate Owner or Agent for Owner. Indicate the contract amount in the space provided.

NOTE: This permit expires if the work authorized is not commenced within one year after the date on this permit, or if work is suspended for one year after construction has begun.